MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (172)

CERTIFICATE OF DEATH

12619

Reg. Dist. No. 116

VS A15 (1)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 19
Hospital, institution, or street address where death occurred: Cambridge Creek
How long in hospital or institution? —

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 112 N. Ellis Street
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Benjamin Dalby Aaron

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Sara F Simmons
6.(c) If alive, give age: 61 years

7. Birth date of deceased (mo., day, yr.): 10-17-1875

8. AGE: Years: 65 Months: 2 Days: 12 If less than one day: ____ hrs. ____ min.

9. Birthplace: Fishing Creek Md (Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business: Oyster
FATHER 12. Name: Marcellus Aaron
13. Birthplace: Md
MOTHER 14. Maiden name: Sarah E Harper
15. Birthplace: Md
16. Informant: Mrs Irma Aaron
Address: Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/3/41 (month) (day) (year)
Cemetery or crematory: Dar Mem Park
Location: Cambridge Md
18. Funeral director: G S LeCompte
Address: Cambridge Md
19. 1-1 1941 (Date rec'd by registrar) John Wade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30 1940, at ____ M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19____, to ____ 19____
and that I last saw h... alive on Not at all 19____

Immediate cause of death	DURATION
Accidental Drowning	—
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____
Autopsy results: ____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of 12/30/40
Where did injury occur? Cambridge Md. (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Cambridge Harbor
Means of injury: Fell from boat Injured at work? No

23. SIGNATURE: John Wade Jr. M.D.
acting Deputy Medical Examiner M. D. or other
Address: Cambridge Md Date signed: 12/31/40

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12620

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 yrs.

Hospital, institution, or street address where death occurred: 125 Locust St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

WITHIN CORPORATE LIMITS

3.(a) FULL NAME Francis S. Anderson

3.(b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife: no

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 7-23-1857

8. AGE: Years: 87 83 | Months: 5 | Days: 2 | If less than one day ... hrs. ... min.

9. Birthplace: Easton, Maryland
(Town, county, and state)

10. Usual occupation: Interior Decorator

11. Industry or business: Home

FATHER
12. Name: Edw. H. Anderson
13. Birthplace: Md.

MOTHER
14. Maiden name: Joahanna Tharp
15. Birthplace: Md.

16. Informant: Mrs. Thos. H. Vickers
Address: Cambridge, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: 12/27/40 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge, Md.

18. Funeral director: Granville L. Compte
Address: Cambridge, Md

19. 12-27 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/25 1940, at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 20 1940, to Dec 25 1940 and that I last saw him alive on Dec 24 1940

Immediate cause of death	DURATION
Uraemia	1 wk
Due to Chronic Interstitial Nephritis	1 yr.
Due to	
Other conditions Hypertension	1-2 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Jos. K. Shriver M.D.
M. D. or other

Address: Cambridge Md. Date signed: Dec 26 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12621

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Salem
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Dor.

City or town Salem Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hester Anne Boardley

3. (b) Social Security Number

4. Sex: female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: John Henry Boardley

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 80 | Months: ~~80~~ | Days: | If less than one day: ____ hrs. ____ min.

9. Birthplace: Salem Dor. Co. Md.
(Town, county, and state)

10. Usual occupation: general housework

11. Industry or business

FATHER
12. Name: Samuel Dockins
13. Birthplace: Vienna Md

MOTHER
14. Maiden name: Mary A Pinder
15. Birthplace: Cordtown, (Cambridge)

16. Informant: Norman Chase

Address: Salem, Dor. Co. Md

17. Burial
(Burial, cremation, or removal, Which?)

Date thereof: Dec. 15th 1940
(month) (day) (year)

Cemetery or crematory: Salem Cemetery

Location: Salem Md.

18. Funeral director: N. M. St. Clair

Address: Cambridge Md

19. 12-16 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 11 1940, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 12 1940, and that I last saw her alive on Dec 10 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 wks.

Due to: Arterio-Sclerosis — 2 yrs.

Due to: Hypertension — 2 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Gilbert E. Wagner M.D.
M. D. or other

Address: Cambridge Md Date signed: 12-14 1940

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BUREAU V. S.

12622

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge - Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days): 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. #2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emil H. Bottcher

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia Stoker

6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Feb 16 1893

8. AGE: Years: 47 Months: 9 Days: 17 If less than one day: hrs. min.

9. Birthplace: Germany
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Paul Bottcher
13. Birthplace: Germany

MOTHER
14. Maiden name: unknown
15. Birthplace: Germany

16. Informant: Mrs Julia Bottcher
Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 5 1940 (month) (day) (year)

Cemetery or crematory: Dorchester Memorial Park

Location: Cambridge Md.

18. Funeral director: Frank E. Albaugh
Address: Cambridge, Md

19. 12/4/ 1940 (Date rec'd by registrar) Jolly Moore Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 1940, at 5 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 3 1940, and that I last saw him alive on Dec 3 1940.

Immediate cause of death: Bronchopneumonia — DURATION: 3 days

Due to: Chronic Myocarditis — 1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Jolly Moore Jr. M.D. (M. D. or other)

Address: Cambridge Md Date signed: 12/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95th)

CERTIFICATE OF DEATH

12623

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Bishops Head
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Bishops Head
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Roxie R. Bramble

3.(b) Social Security Number: 212-18-6664

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife: John C. Bramble

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): June 10 1870

8. AGE: Years	Months	Days	If less than one day
70	7	3	...hrs. ...min.

9. Birthplace: Bishops Head, Md.
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Home

FATHER
12. Name: George W. Bramble
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary E. Horesman
15. Birthplace: Md.

16. Informant: Clyde L. Pritchett
Address: Bishops Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 15, 1940 (month) (day) (year)

Cemetery or crematory: St. Thomas Church Cemt.

Location: Bishops Head

18. Funeral director: G. S. Lecompte

Address: Cambridge, Md.

19. Dec 14 1940 (Date rec'd by registrar) Wilson D. Pritchett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 12 1940, at 4-45pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1940, to Dec 12 1940

and that I last saw her alive on Dec 12 1940

Immediate cause of death	DURATION
Cerebral hemorrhage	4 days
Due to: Hypertension, Cardio Renal disease	?
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John Moore Jr. M.D. M. D. or other

Address: Cambridge Md. Date signed: 12/13/40

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JAN 6 1941
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

12624

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 years
Hospital, institution, or street address where death occurred: 400 Race St.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge (If outside city or town limits, write RURAL and give nearest town)
Street No. 400 Race St. (If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME — Anna V. Brannock —

3.(b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married —

6.(b) Name of husband or wife: Howard Brannock
6.(c) If alive, give age: 78 years
7. Birth date of deceased (mo., day, yr.): 10-24-1865

8. AGE:

Years	Months	Days	If less than one day
75	2	6	...hrs. ...min.

9. Birthplace: Airey's Md — (Town, county, and state)
10. Usual occupation: Home Maker
11. Industry or business: Home —
FATHER 12. Name: James T. Hudson
13. Birthplace: Md.
MOTHER 14. Maiden name: Anna Aikman
15. Birthplace: Md
16. Informant: Howard Brannock
Address: Cambridge Md
17. (Burial, cremation, or removal. Which?) Burial Date thereof 1/1/41 (month) (day) (year)
Cemetery or crematory: Green Lawn
Location: Cambridge Md
18. Funeral director: P S LeCompte
Address: Cambridge Md
19. 1-1 1941 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30 1940, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1935 to Dec 30 1940 and that I last saw h.. alive on December 29 1940

Immediate cause of death	DURATION
Myocardial Failure	10 days
Due to: Hypertensive Cardio-vascular disease	5 years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John Mace Jr. M.D. (M. D. or other)
Address: Cambridge Md Date signed: 12/30/40

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JAN 4 1941
BUREAU V. S.

12625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, institution, or street address where death occurred: — Race Street

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Race St.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME: Naomi A Brinsfield

3. (b) Social Security Number: ✓

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Geo S Brinsfield Deceased

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 2-13-1859

8. AGE: Years: 81 Months: 10 Days: 9 If less than one day: ..... hrs. ..... min.

9. Birthplace: Drawbridge Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business:

FATHER 12. Name: Zion Salaway

13. Birthplace: Md

MOTHER 14. Maiden name: Mary Phillips

15. Birthplace: Md

16. Informant: Mrs Albert Marshall

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/24/40 (month) (day) (year)

Cemetery or crematory: Cambridge

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 12-24 1940 (Date rec'd by registrar) John Neace Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 22 1940, at 5.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19..., to 12/22 1940 and that I last saw her alive on 12/22 1940

Immediate cause of death: Extreme senility with general arterio sclerosis

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: none

— Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: Geo Steele M. D. or other

Address: Cambridge Md. Date signed: 12/23-1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

RECEIV
JAN 4 1941
BUREAU V. S.

12626

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester

City or town Hurlock R.F.D. Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mo.

Hospital, Institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Charles C Brohaeden

3. (b) Social Security Number 214-10-9170

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Blanche Bell

6.(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) 7-28-1882

8. AGE: Years	Months	Days	If less than one day
57	4	24	hrs. min.

9. Birthplace Salem Md (Town, county, and state)

10. Usual occupation Insurance (Life)

11. Industry or business Salesman

FATHER 12. Name Jas. L. Brohaeden

13. Birthplace Md

MOTHER 14. Maiden name Mary Christopher

15. Birthplace Md

16. Informant Mrs Chas C Brohaeden

Address Hurlock R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/24/40 (month) (day) (year)

Cemetery or crematory Dar Mem Park

Location Cambridge Md

18. Funeral director G S Le Compte

Address Cambridge Md

19. Dec 24 1940 (Date rec'd by registrar) Chas W Hartman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 1940 at 8.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 9 1939, to Dec. 22 1940 and that I last saw him alive on December 21 1940

Immediate cause of death	DURATION
active bilateral pulmonary tuberculosis	2 yrs.
Due to	
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M. Faw M.D. M. D. or other

Address Cambridge Md Date signed 12-24-40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (737)

CERTIFICATE OF DEATH

12627

Reg. Diat. No. 111

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Snow Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Walter Jefferson Carroll

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Jennie Carroll

6.(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Jan 8 1865

8. AGE: Years: 78 Months: 11 Days: 26 If less than one day: ...hrs. ...min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER — 12. Name: Willis Carroll

13. Birthplace: Md

MOTHER — 14. Maiden name: Leah Yard

15. Birthplace: Md

16. Informant: Jennie Carroll

Address: Secretary

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 14 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: East New Market

18. Funeral director: H. H. Welloughby

Address: East New Market

19. Dec 19 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 1940, at 1.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1, 1940, to Dec 14 1940 and that I last saw him alive on Dec 14, 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	3 hrs.
Due to: Hypertensive Cardio Vascular disease	?
Due to:	
Other conditions: Hypertrophy prostate	?

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: James Moore Jr. M.D. M. D. or other

Address: Camden, Md Date signed: 12/16/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

12628

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County: Dorchester

City or town: Vienna Rural near

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 yrs.

Hospital, institution, or street address where death occurred: Triffin Neck

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Vienna - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: James Chaplain

3. (b) Social Security Number:

4. Sex: M

5. Color or race: C

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: unknown

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): about 1870

8. AGE: Years: 70 Months: — Days: — If less than one day ..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: farm

FATHER

12. Name: unknown

13. Birthplace:

MOTHER

14. Maiden name: unknown

15. Birthplace:

16. Informant: Lizzie Pinder

Address: Vienna - R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 14 - 40 (month) (day) (year)

Cemetery or crematory: Leland City

Location: Cambridge

18. Funeral director: Lewis Baynum.

Address: Cambridge.

19. Dec 12 1940 (Date rec'd by registrar) Elizabeth N. Bright Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 11 1940, at 2 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....

and that I last saw h... alive on ..... 19.....

Immediate cause of death: Acute Myocarditis — DURATION: immediate

Due to: —

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. .....

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge - Md Date signed: Dec 12/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

12629

CERTIFICATE OF DEATH

Reg. Dist. No. 11 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Linkwood, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Near Linkwood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: John R. Clark

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frances E. Clark

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Dec 5 1872

8. AGE: Years: 68 | Months: 0 | Days: 5 | If less than one day: hrs. min.

9. Birthplace: St. Mary's Co.
(Town, county, and state)

10. Usual occupation: Waterman

11. Industry or business:

FATHER
12. Name: Wm. Richard Clark
13. Birthplace: St. Mary's Co.

MOTHER
14. Maiden name: Mary Ella Milbourne
15. Birthplace: St. Mary's Co.

16. Informant: Mrs. Elmer Cannon
Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 13-1940 (month) (day) (year)
Cemetery or crematory: St. Michaels
Location: Ridge, Md.

18. Funeral director: E. L. Robinson
Address: Cameron, Md.

19. 12-11 (Date rec'd by registrar) 1940 John Musser Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10 1940, at 7:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 30th 1939, to Dec 10 1940, and that I last saw him alive on Dec 10 1940.

	DURATION
Immediate cause of death: Uremia and Congestive Heart failure	3 wks
Due to Arterio Sclerotic Cardio-Vascular Renal Disease	2+ yrs
Due to Cerebero-Vascular accident with	
Other conditions: Left hemiplegia	3 mo.

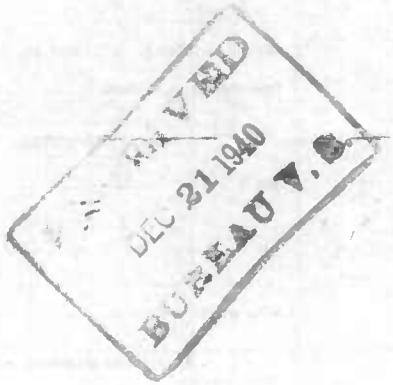
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur?
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Eldridge H. Wolff M.D.
M. D. or other
Address: Cambridge, Md. Date signed 12-11-40


RECEIVED
DEC 21 1940
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

12630

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Hooperville, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hooperville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME [redacted] Baby Creighton Fetus 2 Mos.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
	White	Single

6 (b) Name of husband or wife None Mother.

Father at Reboot 6(c) If alive, give age 17 Yrs

7. Birth date of deceased (mo., day, yr.) Dec. 27th, 1940.

8. AGE: Years: Still born Months: None Days: None If less than one day: 3 Hours min.

9. Birthplace Hooperville, Dorchester, Maryland (Town, county, and state)

10. Usual occupation None

11. Industry or business None

FATHER 12. Name Elmer R. Wark

13. Birthplace Hooperville, Md.

MOTHER 14. Maiden name Bridget Creighton

15. Birthplace Hoopers Island

16. Informant Hobart Creighton

Address Hooperville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 28 1940 (month) (day) (year)

Cemetery or crematory Hooperville

Location Hooperville Md

18. Funeral director Elmer Russ

Address Hooperville.

19. Dec 28 1940 (Date rec'd by registrar) James J. Meares Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27th 1940, at 4:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27th 1940, to Dec 27th 1940, and that I last saw h alive on Dec 27th 1940.

Immediate cause of death	DURATION
Still	
Premature Fetus	
Due to Undetermined	2 mos duration
Due to Unknown	To me
Other conditions Unknown	To me.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? None (City or town) None (County) None (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE Thos Lynah Cobb M.D. M. D. or other

Address Cambridge Md. Date signed Dec 31/40

RECEIVED
JAN 7 1941
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

12631

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester

City or town Crapo.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Crapo. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Still born infant CUSICK.

3. (b) Social Security Number none

4. Sex	5. Color or race	B.(a) Single, married, widowed, or divorced
Unknown.	white	single

6 (b) Name of husband or wife none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 19 - 19X0

8. AGE:

Years	Months	Days	If less than one day
still	born		hrs. min.

9. Birthplace Crapo, Dorchester, Maryland
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Edgar Albert Cusick
13. Birthplace Golden Hill, Md

MOTHER
14. Maiden name Edna Virginia Bradford
15. Birthplace Crapo, Md

16. Informant Edna V. Cusick
Address Crapo, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 20/X0 (month) (day) (year)

Cemetery or crematory Home

Location Home - Crapo, Md

18. Funeral director Edgar Cusick,
Address Crapo, Md

19. Dec 20 19X0 James D. Meade
(Date rec'd by registrar) Loc. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19 19X0, at X P.M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Still Born 19 , to 19 ,
and that I last saw h alive on Dec 19 19X0.

Immediate cause of death	DURATION
Premature Birth	
Unknown -	
Due to Still born	
Due to Period Utero Gestation	
2 1/2 mos.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations X

Of autopsy

PHYSICIAN

Please underline the cause fo which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James D. Meade M.D.
M. D. or other

Address Fishing Creek, Md Date signed Dec 20, 19X0

RECEIVED
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12632

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years –
Hospital, Institution, or street address where death occurred: Race St Ext
How long in hospital or institution? –

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. Race St. Ext
(If rural, give LOCATION)
2.(a) If veteran, name war –

3.(a) FULL NAME Walter S Dickerson

3.(b) Social Security Number 577-09-1480

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Lillian Reynolds

6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 10/3/1883

8. AGE: Years 57 | Months 2 | Days 18 | If less than one day ... hrs. ... min.

9. Birthplace Gilletree Md (Town, county, and state)

10. Usual occupation Brick Mason

11. Industry or business General –

FATHER 12. Name Thos S Dickerson

13. Birthplace Md

MOTHER 14. Maiden name Emma White

15. Birthplace Md

16. Informant Mrs Walter Dickerson

Address Cambridge Md

17. Burial Date thereof 12-24-40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Spring Hill

Location Gilletree Md

18. Funeral director G S LeCompte

Address Cambridge Md,

19. 12-23 1940 John Mace Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1940 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 8th 1940, to December 21 1940
and that I last saw h... alive on December 21 1940

Immediate cause of death	DURATION
Cerebro-Vascular accident	2 days
(Cerebral apoplexy)	
Due to	
Due to	
Other conditions Bronchitis, acute	1½ weeks

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eldridge H. Wolff M.D. M. D. or other
Address Cambridge, Md Date signed 12-22-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83(a)

CERTIFICATE OF DEATH

12633

Reg. Diat. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Washington Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Washington Street

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Lena Dixon

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	married

6.(b) Name of husband or wife: Allen Dixon

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 27th, 1886

8. AGE: Years	Months	Days	If less than one day
54	11	2	hrs. min.

9. Birthplace: Cambridge, R.F.D. # 2

(Town, county, and state)

10. Usual occupation: Housework Home

11. Industry or business

FATHER 12. Name: Henry J. Stewart

13. Birthplace: Maryland

MOTHER 14. Maiden name: Charlotte Elliott

15. Birthplace: Maryland.

18. Informant: Allen Dixon

Address: Washington St. Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2, 1941 (month) (day) (year)

Cemetery or crematory: Bethel Cemetery

Location: Cambridge, Maryland.

18. Funeral director: Lewis H. Baumeum

Address: Cambridge, Maryland.

19. 1/2/41 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/29/ 19 40 at 1.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19 to 19

and that I last saw h[illegible] alive on Not at all 19

Immediate cause of death	DURATION
Cerebral Vascular Accident	1 Min
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John Mace Jr. M.D. Acting Deputy Medical Ex. M. D. or other

Address: Cambridge Md Date signed 1/1/41

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-d

12634

CERTIFICATE OF DEATH

Reg. Diat. No. 115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Hooperville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 19 - 10 - 26

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hooperville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Evelyn E Dorsey

3. (b) Social Security Number 219-01-7716

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	single

6 (b) Name of husband or wife none

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 28 - 1921

8. AGE:

Years	Months	Days	If less than one day
19	10	~~26~~ 28	____ hrs. ____ min.

9. Birthplace Hooperville, Dorchester, Md.

(Town, county, and state)

10. Usual occupation oyster shucker

11. Industry or business Seafood

FATHER 12. Name William Edward Dorsey

13. Birthplace Maryland

MOTHER 14. Maiden name Kate Dora Pritchett

15. Birthplace Maryland

16. Informant Kate Dorsey

Address Hooperville Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 26 1940 (month) (day) (year)

Cemetery or crematory Hanna Cemetery

Location Hooperville, Md.

18. Funeral director Louis Baumann

Address Cambridge, Md.

19. Dec. 26 1940 (Date rec'd by registrar) James D. Meade L.O.C. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1940, at 6 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 1940, to Dec 24 1940,

and that I last saw h alive on Dec 24 1940

Immediate cause of death	DURATION
Aneurism of Aorta	2 mo.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? No

23. SIGNATURE James D. Meade, M.D.

M. D. or other

Address Fishing Creek, Md. Date signed Dec 24 1940

RE[illegible]
JAN 7 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12635

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3 Market St.

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3 Market St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Infant Edgar

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 29, 1940

8. AGE:

Years	Months	Days	If less than one day
—	—	—	____ hrs. ____ min.

9. Birthplace Cambridge Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name James Lewis

13. Birthplace Cambridge Md

MOTHER 14. Maiden name Mabel Edgar

15. Birthplace Cambridge Md

16. Informant Mabel Edgar

Address Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 30 1940 (month) (day) (year)

Cemetery or crematory Greenlawn Cemetery

Location Cambridge Md

18. Funeral director Frank E. Altemus

Address Cambridge Md

19 12-30 1940 John Rebecca Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all. 19__, to 19__; and that I last saw h__ alive on Not at all 19__.

Immediate cause of death	DURATION
Stillborn (Cause unknown)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE James Meredith Jr. M. D. or other

Address Cambridge Md Date signed 12/30/40

RECEIV
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

12636

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 3 Park Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 17 days

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Tempy Floyd

3. (b) Social Security Number —

4. Sex female

5. Color or race colored

6. (a) Single, married, widowed, or divorced M?

6 (b) Name of husband or wife James Floyd

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 10 1859

8. AGE: Years 81 Months 3 Days 11 If less than one day hrs. min.

9. Birthplace Kent Co Md
(Town, county, and state)

10. Usual occupation General House work

11. Industry or business

FATHER
12. Name George Grimes
13. Birthplace Kent Co. Md

MOTHER
14. Maiden name Unknown
15. Birthplace Kent Co Md

16. Informant Stella Floyd

Address 3 Park Lane Camb., Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3rd 1941 (month) (day) (year)

Cemetery or crematory Cemetery

Location Chestertown, Kent Co., Md

18. Funeral director H M St Clair

Address Cambridge Md

19. 1-3 1941 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1940, at 3:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23 1940, to December 31 1940, and that I last saw her alive on December 30 1940.

Immediate cause of death	DURATION
Pulmonary Edema	12-23-40
Due to Chr. Myocarditis	1939
Due to	
Other conditions Hypertension	1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other

Address Pine & Cedar Sts Date signed 1-3-41

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12637

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Rural near Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 9 mo. 15 days

Stay in this community (yrs., or mos., or days):

Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Queen Anne

City or town: Church Hill Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Harry Rambert Graham

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lida T. Yates

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): September 1874

8. AGE: Years: 66 Months: 3 Days: — If less than one day: hrs. min.

9. Birthplace: Ingleside, Maryland (Town, county, and state)

10. Usual occupation: Insurance agent

11. Industry or business: Industrial insurance

FATHER

12. Name: James Edward Graham

13. Birthplace: Maryland

MOTHER

14. Maiden name: Rachel Slaughter

15. Birthplace: Maryland

16. Informant: Records of Eastern Shore State Hospital

Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 3rd 1940 (month) (day) (year)

Cemetery or crematory: Chestertown

Location: Chestertown, Md.

18. Funeral director: Marvin H. Williams

Address: Chestertown, Md.

19. 12-2 1940 (Date rec'd by registrar) Glen Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1 1940, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to December 1 1940, and that I last saw him alive on December 1 1940.

Immediate cause of death	DURATION
Bronchopneumonia	48 hrs
Due to	
Due to	
Other conditions: Meningovascular syphilis	Unknown
Right hemiplegia (probably luetic) (Include pregnancy within 3 months of death)	10 months

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Charles V. Taylor M. D. or other

Address: Eastern Shore State Hospital Cambridge, Maryland Date signed: 12-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-E)

CERTIFICATE OF DEATH

12638

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester (WITHIN CORPORATE LIMITS OF)
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Maryland Hospital
Stay in hospital or inst. (yrs., or mos., or days): third day
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Elliotts Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Baby Boy Gray

3. (b) Social Security Number: none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	w	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 16. 1940

8. AGE: Years | Months | Days: 2 | If less than one day: hrs. min.

9. Birthplace: Cambridge Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Rassie Gray
13. Birthplace: Elliotts Island

MOTHER
14. Maiden name: Minnesota Horseman
15. Birthplace: Elliotts Island

16. Informant: Rassie Gray
Address: Elliotts Island

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 18-1940 (month) (day) (year)
Cemetery or crematory: Elliotts Cemetery
Location: Elliotts, Md.

18. Funeral director: H. H. Willoughby
Address: Cambridge, Md.

19 12-18 1940 John Meacham.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 18 1940, at 7:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 16 1940, to December 18 1940, and that I last saw h alive on dec. 18 1940.

Immediate cause of death	DURATION
Toxemia —	
Due to Mother died 7 hours after birth	
Due to Anuresis - Infant delivered by forceps - Permanent Expansive and resumed sat gen from	
Other conditions Both K. assd Failed to improve	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Wylie M Faw M. D
M. D. or other
Address: Cambridge Md. Date signed 12-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12639

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (144G)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days): same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Elliotts Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Minnsota Gray

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Rossie Gray

6(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): Jan 1st 1903

8. AGE: Years: 37 Months: 11 Days: 15 If less than one day: hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER
12. Name: George Horseman
13. Birthplace: Md

MOTHER
14. Maiden name: Damie Horseman
15. Birthplace: Md.

16. Informant: Rossie Gray
Address: Elliotts Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 18 1940 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Elliotts

18. Funeral director: H. H. Willoughby
Address: East New Market

19. 12-17 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 15 1940, at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6 am Dec 15 1940, to 3:15 Pm Dec 15 1940, and that I last saw her alive on Dec 15 1940.

Immediate cause of death: Pregnancy 8½ mos.
Nephritis Toxemia —
Uremia - x Convulsions

Due to: Complicating pregnancy

Due to: (No prenatal care)

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: None

DURATION: 7 / 6 hours

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wylie M Fair M. D.
M. D. or other

Address: Cambridge Md Date signed: 12-15-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (149-a)

CERTIFICATE OF DEATH

12640

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Cambridge-Maryland Hospital.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Woolford (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No. --

(If rural, give LOCATION)

2.(a) If veteran, name war --

3.(a) FULL NAME Florence Harris

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	colored	single

6.(b) Name of husband or wife: None

6.(c) If alive, give age: x years

7. Birth date of deceased (mo., day, yr.): Sept. 28th, 1924

8. AGE:

Years	Months	Days	If less than one day
16	2	3	...hrs. ...min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: None

11. Industry or business: none

FATHER

12. Name: Kemp Harris

13. Birthplace: Maryland

MOTHER

14. Maiden name: Sarah Chester

15. Birthplace: Maryland.

16. Informant: Records Cambridge-Md. Hosp.,

Address: Cambridge, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 4th, 1940 (month) (day) (year)

Cemetery or crematory: Madison, Cem.

Location: Madison, Maryland.

18. Funeral director: Lewis H. Bayneum

Address: Cambridge, Maryland.

19. 12-4 (Date rec'd by registrar) 1940 John Meaders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1st 1940, at 8:05P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/28 1940, to 1940 and that I last saw her alive on DECEMBER 1, 1940.

Immediate cause of death: SEPTICEMIA — DURATION: 2 days.

Due to: Rupture of uterus.

Due to: Puerperal causes (abortion) with retained placenta necessitating Cesarean section

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Cesarean section. Date of op. 11/29/40.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Cambridge Md Date signed 12/4/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County ~~Vienna~~ Dorchester

City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all Life

Hospital, institution, or street address where death occurred: —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME James A. Higgins

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife —

8.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 18, 1845

8. AGE:

Years	Months	Days	If less than one day
95	7	11	hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business Retired

FATHER
12. Name Thomas Higgins
13. Birthplace Md

MOTHER
14. Maiden name Katherine Redhead
15. Birthplace Md

16. Informant Mrs Hunt

Address

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Dec 31 1940
(month) (day) (year)

Cemetery or crematory Cemetery

Location Vienna

18. Funeral director H. H. Willoughby

Address East New Market

19. Dec 30 1940
(Date rec'd by registrar)

Elizabeth Bragh
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29th 1940, at 2. A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 27th 1940, to December 28th 1940 and that I last saw him alive on December 28th 1940

Immediate cause of death
Chronic Myocarditis
arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William Emrich M.D.
M. D. or other

Address Hebron - Md Date signed Dec. 30th

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

12642

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ---

Hospital, institution, or street address where death occurred: 415 Pine Street

How long in hospital or institution? ---

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 415 Pine Street
(If rural, give LOCATION)

2.(a) If veteran, name war: ------

3.(a) FULL NAME: Stillborn Holiday

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	single

6.(b) Name of husband or wife: Stillborn

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 5th, 1940

8. AGE: Years | Months | Days | If less than one day ..... hrs. ..... min.

Stillborn

9. Birthplace: Cambridge, Maryland.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business: ---

FATHER
12. Name: Clarence Jones
13. Birthplace: Tripps Neck, Maryland

MOTHER
14. Maiden name: Elizabeth Holiday
15. Birthplace: Woolford, Maryland.

16. Informant: Elizabeth Holiday
Address: 415 Pine St. Cambridge, Maryland

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 9th '40 (month) (day) (year)

Cemetery or crematory: Fork Neck Cem

Location: Cambridge, Rt # 2, Md.

18. Funeral director: Lewis H. Bayneum
Address: Cambridge, Md.

19 12-6 19 40 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5th 19 40, at still born M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not at all 19 ..., to ..... 19 ..., and that I last saw h ..... alive on not at all 19 ..

Immediate cause of death: Stillborn (6 months)

Due to: Cause unknown.

Due to: .....

Other conditions: .....
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: .....
Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE: John Mace Jr. Local Registrar
M. D. or other

Address: 4 Race St. Cambridge Md. Date signed: 12/6/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

12643

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: 415 Pine Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 415 Pine Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Infant Holiday

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	col.	Single

6.(b) Name of husband or wife X

6.(c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) Dec. 5th 1940

8. AGE:

Years	Months	Days	If less than one day
			23 hrs. 45 min.

9. Birthplace Cambridge, md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business ✓

MOTHER FATHER
12. Name Clarence Jones
13. Birthplace Tripp Neck, md.

MOTHER
14. Maiden name Elizabeth Holiday
15. Birthplace Woolford, md.

16. Informant Elizabeth Holiday
Address 415 Pine St. Cambridge

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 9 - 1940
(month) (day) (year)

Cemetery or crematory Fork Neck Cem.
Location Cambridge, md. R#2

18. Funeral director Lewis H. Bauman
Address Cambridge, md.

19. 12-9-40 19
(Date rec'd by registrar)
Helen Keene Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6th 1940, at 4:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Not at all 19, to 19
and that I last saw h alive on Not at all 19

Immediate cause of death	DURATION
Prematurity - 6 mo. (Cause)	1 day.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John Moore Jr. M.D.
M. D. or other
Address Cambridge, md. Date signed 12/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12644

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington St Extended

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington St Extended
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Levin Manokey

3. (b) Social Security Number none

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Hattie Manokey

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 71 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Church Creek Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles Manokey
13. Birthplace Church Creek Md

MOTHER
14. Maiden name Millie Parker
15. Birthplace Drawbridge Dor. Co. Md.

16. Informant Roger Thomas

Address Washington St, Ext. Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 24th 1940 (month) (day) (year)

Cemetery or crematory Cambridge Md

Location Mt Carl Cambridge

18. Funeral director Lewis H Bayne

Address Cambridge Md

19. 12-24 (Date rec'd by registrar) 19 40 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21 1940, at 2 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 21 1940, to Dec 21 1940, and that I last saw h— alive on December 21 1940.

	DURATION
Immediate cause of death: Pulmonary Edema	12-9-40
Due to Chr. Myocarditis	10-20-40
Due to	
Other conditions Aortic Insufficiency	1939

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other

Address Pine & Cedar St Date signed 12-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-d)

12645

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Rural near Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 28 years
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Galena Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank A. McCauley

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Unknown
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1868

8. AGE: Years	Months	Days	If less than one day
72	9	1	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Salesman
11. Industry or business Farm Implements

FATHER
12. Name Bernard McCauley
13. Birthplace Pennsylvania

MOTHER
14. Maiden name Elminia Woodall
15. Birthplace Maryland

16. Informant Records of Eastern Shore State Hospital
Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 21, 1940 (month) (day) (year)
Cemetery or crematory Galena
Location Galena, Md.
18. Funeral director John F. Cropper
Address Crellon, Md.
19. 1-2-19 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1940, at 6:05 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to December 18 1940, and that I last saw him alive on December 18 1940.

	DURATION
Immediate cause of death Chronic Myocarditis and myocardial degeneration	1 year
Due to Senility	5 years
Due to	
Other conditions Chronic alcoholism (alcoholic deterioration) (Include pregnancy within 3 months of death)	30 years

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Charles V. Taylor M.D.
M. D. or other
Address Eastern Shore State Hospital, Cambridge, Maryland Date signed 12/18/40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12646

Reg. Diat. No. 11 6

1. PLACE OF DEATH:

County: Dorchester

City or town: Church Creek

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Church Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Thomas Meekins

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 4th 1919

8. AGE: Years	Months	Days	If less than one day
21	5	23	..... hrs. ..... min.

9. Birthplace: Church Creek, Md. (Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business

FATHER 12. Name: Charlie Meekins

FATHER 13. Birthplace: Golden Hill, Md.

MOTHER 14. Maiden name: Mattie Chester

MOTHER 15. Birthplace: Golden Hill, Md.

16. Informant: Charlie Meekins

Address: Church Creek, Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Dec. 29 1940 (month) (day) (year)

Cemetery or crematory: meeking neck

Location: Golden Hill, Md

18. Funeral director: Lewis H. Bayneum

Address: Cambridge, Md.

19. 12-29 1940 John Meade Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 27th 1940, at 10:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1940, to Dec. 27 1940

and that I last saw h.. alive on Dec. 27th 1940

Immediate cause of death	DURATION
Pneumonia	7
Due to: Pulmonary Tuberculosis	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Cambridge Md Date signed 12/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 4 1941
BUREAU V. S.

12647

STATE OF MARYLAND—CERTIFICATE OF DEATH

(M)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (92 cl)

County Dorchester Registration Dist. No. 110

Village or City Secretary No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John W. Porter If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 8. 1857

7. AGE: Years 83 | Months 7 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Water oysterying

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) St. Michaels (State or country) Talbot Co. Md.

FATHER

13. NAME John W. Porter

14. BIRTHPLACE (city or town) Talbot Co. (State or country)

MOTHER

15. MAIDEN NAME Sarah E. Willis

16. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

17. INFORMANT Mrs. G. R. Pennington (Address) Howe D. Grass. Md

18. BURIAL, CREMATION, OR REMOVAL

(T) Place St. Michaels Date 12. 24, 1940

19. UNDERTAKER J. Norman Marshall (Address) St. Michaels

20. FILED Dec 23, 1940 Chas W. Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 22 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1940, to Dec 22, 1940

I last saw him alive on Dec 4, 1940, death is said to have occurred on the date stated above, at 4 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic endocarditis, Valvular disease; | Date of onset

Other Contributory Causes of Importance: old age & general debility.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following: —

Accident, suicide, or homicide? — Date of injury —, 19....

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. —

Manner of Injury none

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) K. G. Frazier M. D.

(Address) Hurlock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 6 1941
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Believes Almshouse in Wic Co before entering ?

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 137a

12648

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Rural near Cambridge, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 16 years

Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Wicomico

City or town County Almshouse (40 yr) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Residence before admission
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

MG

3. (a) FULL NAME Edward Pusey

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 74 ? Months Days If less than one day hrs. min.

9. Birthplace Salisbury, Wicomico County, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Records of Eastern Shore State Hospital

Address Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 25 1940 (month) (day) (year)

Cemetery or crematory Eastern Shore State Hosp

Location Cambridge, Md.

18. Funeral director Frank E. Allen

Address Cambridge, Md.

19 12-25 1940 (Date rec'd by registrar) John Grace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1940, at 1:55 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to December 24 1940, and that I last saw him alive on December 24 1940.

	DURATION
Immediate cause of death: Benign prostatic hypertrophy	4 mo.
General peritonitis	12 hrs.
Due to Ruptured abcess of bladder wall	Unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Listed above as causes of death

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles Waylon M D
M. D. or other

Address Eastern Shore State Hospital Cambridge, Maryland Date signed 12-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A 15

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JAN 4 1941
BUREAU V. S.

12649

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(8)

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md. Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Hooperville Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: (Fortus) Rippons

3. (b) Social Security Number

4. Sex: not determined

5. Color or race: white

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 12/27 - 1940

8. AGE: Years | Months | Days | If less than one day

5 abortion hrs. — min.

9. Birthplace: Cambridge Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: John Rippons
13. Birthplace: Md.

MOTHER
14. Maiden name: Edna Woolford
15. Birthplace: Md.

16. Informant: Mother Edna Rippons

Address: Hooperville Md.

17. Disposed of in hospital (Burial, cremation, or removal. Which?) Date thereof 12 - 29 - 40 (month) (day) (year)

Cemetery or crematory: —

Location: —

18. Funeral director: —

Address: —

19. 12-29 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/27 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,

and that I last saw him alive on dead 19 .

Immediate cause of death: Incomplete Miscarriage.

Due to: not determined

Due to: —

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Fortus miscarried D.R.C. D.R.C. — Fortus dead in Utero

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: none Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: — Injured at work?

23. SIGNATURE: Guy Steele M.D. M. D. or other

Address: Cambridge Md. Date signed 12/27-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

12650

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
181 Winder Street
How long in hospital or institution?

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 181 Winder Street
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: Daisy Collins Roberts

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	married

6.(b) Name of husband or wife: Bruce Roberts
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
about 50 ?			hrs. min.

9. Birthplace: Crisfield, Maryland.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: George C. Collins
13. Birthplace: Crisfield, Md.

MOTHER
14. Maiden name: Annie Wilson
15. Birthplace: Norfolk, Va.,

16. Informant: Maud Roberts
Address: Cambridge, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 5th, 1940 (month) (day) (year)
Cemetery or crematory: Bethel Cemetery
Location: Cambridge, Maryland.

18. Funeral director: Lewis H. Bayneum
Address: Cambridge, Maryland.

19. 12/5/40 19... (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1st 1940, at 8:P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 25 1940, to Dec 1, 1940 and that I last saw h.. alive on Nov 25 1940

Immediate cause of death	DURATION
Pyloric obstruction	1 mo.
probably due to	
Due to Carcinoma	
Due to Cachexia	1 mo.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John Monroe Jr. M.D.
M. D. or other
Address: Cambridge Md. Date signed: 12/4/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 4 1941
BUREAU V. S.

12651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(13 f)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs -

Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 204 Md. Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Hayse Roberts

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Pearl Simon

6.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 3-13-1877

8. AGE: Years 63 | Months 9 | Days 13 | If less than one day ..... hrs. ..... min.

9. Birthplace Harrisburg Pa (Town, county, and state)

10. Usual occupation Civil Engineer —

11. Industry or business Construction —

FATHER 12. Name R. I. Roberts

13. Birthplace Pa

MOTHER 14. Maiden name Mt Brooks

15. Birthplace —

16. Informant Mr Pearl Roberts

Address Cambridge Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 12/28/40 (month) (day) (year)

Cemetery or crematory Dar Mem Park

Location Cambridge Md

18. Funeral director G S LaCompte

Address Cambridge, Md

19. 12-28 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 1940, at 11 P. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 1939, to Dec 26 1940

and that I last saw him alive on Dec 26 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 1/2 yrs
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver M.D. M. D. or other

Address Cambridge Md Date signed Dec 28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12652

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Still Born

Hospital, Institution, or street address where death occurred: Cambridge Md Hospital

How long in hospital or institution? ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: ~~Still Born~~ Cambridge, R.F.D.

(If outside city or town limits, write RURAL and give nearest town)

Street No. ✓

(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3. (a) FULL NAME Infant Ruark

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Still Born

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 12/12/40

8. AGE:

Years	Months	Days	If less than one day
✓	✓	✓	✓ hrs. ✓ min.

9. Birthplace: Cambridge Md (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER

12. Name: Gardy C Ruark

13. Birthplace: Cambridge R.F.D. Md

MOTHER

14. Maiden name: Alice James

15. Birthplace: Cambridge R.F.D. Md

16. Informant: Gardy C. Ruark

Address: Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/12/40 (month) (day) (year)

Cemetery or crematory: Green Lawn

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. 12-13 1940 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 12 1940 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from born dead to Dec 12 1940

and that I last saw h alive on ✓ 19

Immediate cause of death: Degeneration of the placenta

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ✓

Date of op.

Autopsy results: Placenta showed advanced degeneration

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John Schneider MD M. D. or other

Address: Cambridge, Md Date signed Dec 12, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12653

1. PLACE OF DEATH (7427)

County Dorchester Registration Dist. No. 1 1 C

Village or City Seaford Del R.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where deeth occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Solamon F Russell If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie M. Russell

6. DATE OF BIRTH (month, day, and year) Jan 12 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	20	

OCCUPATION

8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Dete deceesed last worked at this occupetion (month end year)

11. Totel time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (Stete or country) Md

FATHER

13. NAME John J. Russell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliza A. Benson

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs Sallie Russell (Address) Seaford Del R.D.

18. BURIAL, CREMATION, OR REMOVAL Place Galestown Dete Dec 5, 1940

19. UNDERTAKER Sowers Bros (Address) Chardtown Md.

20. FILED Dec 5, 1940 H. L. Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 2 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceesed from Aug, 1938, to Dec 2, 1940

I last sew h[illegible] alive on Dec 2, 1940; deeth is said to have occurred on the date stated above, et 11 P m.

The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:

	Date of onset
Coronary Occlusion	8/38
Heard attack	12/1/40
Other Contributary Causes of Importance:	

Neme of operation Date of

What test confirmed diagnosis? Wes there an autopsy?

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Wes disease or injury in any wey releted to occupation of deceased?

If so, specify

(Signed) W. S. Kirkham M. D.

(Address) Chardtown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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JAN 6 1941
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

12654

CERTIFICATE OF DEATH

Reg. Diat. No. 111

1. PLACE OF DEATH:
County Dorchester
City or town Thompsontown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life time
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Thompsontown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME John Sampson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married

6.(b) Name of husband or wife Mary Elizabeth Ann Sampson
6.(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
68	—	—	...hrs. ...min.

9. Birthplace Cabin Creek
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Samuel James Sampson
13. Birthplace Md.

MOTHER
14. Maiden name Susan Adkson
15. Birthplace Md

16. Informant John Sampson II
Address Thompsontown

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8, 1940 (month) (day) (year)
Cemetery or crematory Cemetery
Location Thompsontown

18. Funeral director H. H. Willoughby
Address East New Market

19. Dec 9 19 40 H. E. Parker Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 4 1940, at 5:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov 28 1940, to Dec 4 1940
and that I last saw him alive on Dec 3 1940

	DURATION
Immediate cause of death Nephritis	2 weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlman M. D. or other
Address Sharptown Md Date signed Dec 7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-4)

CERTIFICATE OF DEATH

12655

Reg. Dist. No. 116

1. PLACE OF DEATH

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 121 Pine St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life time

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 121 Pine St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Matilda Sanks

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	widowed

6(b) Name of husband or wife Samuel Sanks

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) September 29 1877

8. AGE:

Years	Months	Days	If less than one day
63	1	21	____ hrs. ____ min.

9. Birthplace Dorchester Co Md (Town, county, and state)

10. Usual occupation Cook

11. Industry or business

FATHER

12. Name John Cloak

13. Birthplace Dorchester Co Md

MOTHER

14. Maiden name Leotha Henry

15. Birthplace Dorchester Co Md

16. Informant Ethel Jones

Address 121 Pine St Cambridge Md

17. Buried (Burial, cremation, or removal. Which?) Date thereof 12-22-40 (month) (day) (year)

Cemetery or crematory Buried in Wards Cemetery

Location Cambridge, Md.

18. Funeral director A M St Clair

Address Cambridge Md

19. 12-21 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1940, at 11 1/2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to Dec 20 1940, and that I last saw h~~e~~ alive on December 20 1940.

	DURATION
Immediate cause of death Pulmonary Edema	12-9-40
Entestii	12-15-40
Due to Chr. Myocarditis	1938
Due to	
Other conditions Hypertension	1937

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair M D M. D. or other

Address Pine & Eden St Date signed 12-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 4 1941
BUREAU V.

12656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 55-B

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 114 Willis St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 45 yrs.

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Cambridge. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 114 Willis St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Edgar Reese Simmons

3. (b) Social Security Number: 217 10 8633

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fannie Towers

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 8, 1895

8. AGE: Years 45 | Months 6 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace: Golden Hill, Md. (Town, county, and state)

10. Usual occupation: Insurance Agent.

11. Industry or business

FATHER

12. Name: Joseph W. Simmons

13. Birthplace: Golden Hill, Md.

MOTHER

14. Maiden name: Nora Wroten

15. Birthplace: Golden Hill, Md.

16. Informant: Mrs Fannie Simmons

Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 6, 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill.

Location: Easton, Md.

18. Funeral director: Frank E. Albaugh

Address: Cambridge, Md

19. 12-5 1940 (Date rec'd by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3, 1940 19 12 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 7 1940, to Dec 3 1940, and that I last saw him alive on Dec 1 1940.

Immediate cause of death: Lymphosarcoma - metastatic Brain

Due to: Lymphosarcoma Left axilla

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION: 26 days; 6 mos

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [illegible] M.D.

M. D. or other

Address: Cambridge Md. Date signed: 12-4-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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DEC 17 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

12657

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Rural near Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 25 yrs 6 mo 17 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Queen Annes

City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dudley C. South

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 22, probably 1888

8. AGE:

Years	Months	Days	If less than one day
52	7	14	hrs. min.

9. Birthplace: Grasonville, Queen Anne Co, Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Willard South
13. Birthplace: Accomac Co, Virginia

MOTHER
14. Maiden name: Sarah Harris
15. Birthplace: Grasonville, Maryland

16. Informant: Records of Springfield & Eastern Shore State Hospitals
Address: Cambridge, Maryland

17. Burial
(Burial, cremation, or removal, Which?)
Date thereof: Dec 9 1940
(month) (day) (year)

Cemetery or crematory: Church Hill

Location: Church Hill Md.

18. Funeral director: Wm. H. Good

Address: Church Hill Md.

19. 12-7 1940 Julia Neace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 6 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to December 6 1940, and that I last saw him alive on December 6 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	48 hrs
Due to: Epilepsy	43 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles V. Taylor M.D.
M. D. or other

Address: Eastern Shore State Hospital Cambridge, Maryland Date signed 12-6-40

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

12658

CERTIFICATE OF DEATH

Reg. Dist. No. 11 6

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 9 Wells St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) several years

WITHIN CORPORATE LIMITS

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 9 Wells St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frank Spain

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1875

8. AGE:	Years	Months	Days	If less than one day
about	65	—	—	hrs. min.

9. Birthplace unknown (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace —

MOTHER 14. Maiden name unknown

15. Birthplace —

16. Informant Martha Jane Turner

Address 9 Wells St Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 30 1940 (month) (day) (year)

Cemetery or crematory Silent City

Location Cambridge, Md

18. Funeral director Lewis H. Bayneum

Address Cambridge, Md

19. 12.30 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 19 1940, at 6 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 , to — 19 ,

and that I last saw h — alive on — 19 .

Immediate cause of death Chronic Myocarditis

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION several months

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; —

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver, Dep. Md Exam. M. D. or other

Address Cambridge Date signed Dec 30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12659

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Day

Hospital, institution, or street address where death occurred: Cambridge Md Hospital

How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Sharon Lee Waldron

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Infant

6.(b) Name of husband or wife ✓

6.(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) 12/17/40

8. AGE: Years | Months | Days 1 | If less than one day ..... hrs. ..... min.

9. Birthplace Cambridge Md
(Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Clifton Waldron
13. Birthplace Md

MOTHER
14. Maiden name Frances Flanders
15. Birthplace Md

16. Informant Clifton Waldron
Address Cambridge Md

17. Burial. Date thereof 12/19/40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dar Mem Park

Location Cambridge Md

16. Funeral director G S LeCompte

Address Cambridge Md

19. 12-19 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1940, at 4 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 17 1940, to Dec 18 1940 and that I last saw her alive on Dec. 18 1940

Immediate cause of death Prematurity 8 month

Due to Nephritis toxaemia of mother

Due to Induced labor Dec. 16. 1940

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wylie M Faw M. D
M. D. or other

Address Cambridge Md Date signed 12-18-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

12660

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County: Dorchester

City or town: Secretary
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred: at home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Secretary
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Genevieve A Webster

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: D M Webster

6.(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): 12 20 40

8. AGE: Years 57 Months 4 Days 26 If less than one day ... hrs. ... min.

9. Birthplace: E N Mkt Dor Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: John Phelan
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary A O Connell
15. Birthplace: Dublin Ireland

16. Informant: D M Webster
Address: Secretary Md

17. (Burial, cremation, or removal. Which?) Date thereof: 12/23/40 (month) (day) (year)

Cemetery or crematory: Catholic Cemetary

Location: Secretary

18. Funeral director: H H Willoughby & Son
Address: East New Market Md

19. Dec 22 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12 – 20 1940, at 1 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1940, to Dec 20 1940 and that I last saw her alive on Dec 20, 1940 19

Immediate cause of death: Carcinoma of Right Breast with metastases to right axillary, Cervical & abdominal Lymph glands

DURATION: 8-9 yr

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations: None Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. K. Knitt M.D. M. D. or other

Address: Federalsburg Md Date signed: 12/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JAN 4 1941
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

12662

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL, NEAR and give town)

Street address, hospital, or institution: Cor. Dorchester Ave & Henry St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 65 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Cambridge Ward No.

(If outside city or town limits, write RURAL, NEAR and give town)

Street No.: Cor. Dorchester Ave & Henry St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Joseph A. Warst

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Victoria E. Hughes

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): May 24, 1860

8. AGE:

Years	Months	Days	If less than one day
80	6	19	hrs. min.

9. Birthplace: Antwerp, Belgium (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER — 12. Name: Joseph Warst

13. Birthplace: Belgium

MOTHER — 14. Maiden name: Unknown

15. Birthplace: Belgium

16. Informant: Mrs. Cornelia Adkins

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 16 1940 (month) (day) (year)

Cemetery or crematory: Dorchester Memorial Park

Location: Cambridge, Md

18. Funeral director: Frank E. Allbaugh

Address: Cambridge Md

19. 12-14-1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 13 1940, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from WW I 1940, to Dec 13 1940, and that I last saw him alive on Dec 10 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	2 days
Due to: chronic nephritis	2 yrs.
Due to: Valvular Heart disease	2 yrs.
Other conditions: arterio-sclerosis Hypertension	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: X Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Gilbert E. Meredith M.D.

M. D. or other

Address: Cambridge Md Date signed: 12-14-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

11

1940-12-13
1860 5-24

80-6-19

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JAN 4 1941
BUREAU V.S.

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13

43
24
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60.00 ✓
35.00 ✓
16.00 ✓

105.00 ✓
150.00 ✓
25.00 ✓

280.00

150
35
25
60
10

280

12661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md (if outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 28 years

Hospital, Institution, or street address where death occurred: 226 Robbins, St.

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge, Md (If outside city or town limits, write RURAL and give nearest town)

Street No.: 226 Robbins St. (If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: Victoria Sharter Hilley —

3.(b) Social Security Number: 214-07-7303

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed.

6.(b) Name of husband or wife: John Thomas Hilley Deceased —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 12-4-1875

8. AGE: Years 65 | Months — | Days 16 | If less than one day ..... hrs. ..... min.

9. Birthplace: Lakesville Md (Town, county, and state)

10. Usual occupation: Operator (House Wife)

11. Industry or business: Shirt Factory

FATHER
12. Name: Wm Sharter
13. Birthplace: Md

MOTHER
14. Maiden name: Lucy Sharter
15. Birthplace: Md

16. Informant: Mr. Aldon Hilley

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/22/40 (month) (day) (year)

Cemetery or crematory: Dar Mem Park

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge Md

19. ~~Dec~~ 12-21 1940 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 20 1940, at 1.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1940, to Dec 20 1940 and that I last saw her alive on Dec 20 1940

Immediate cause of death	DURATION
Carcinoma Stomach	1 year
General Carcinomatosis	1 mo
Due to	
Due to	
Other conditions	

(include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: John Moore Jr. M.D. (M.D. or other)

Address: Cambridge Md Date signed: 12/21/40

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 4 1941
BUREAU V. S.